

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN THE CASE OF USA V.S. McVickers-Dewitt

☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

FOR Initial appearance

AT Northern District of Illinois

FILED
3-14-08
MAR 14 2008

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

KAREN McVickers-Dewitt

CHARGE/OFFENSE (describe if applicable & check box →)

☒ Felony
☐ Misdemeanor

18 USC 2113(a)

MARTIN C. ASHMAN
 UNITED STATES MAGISTRATE JUDGE
 UNITED STATES DISTRICT COURT

DOCKET NUMBERS
Magistrate
District Court <u>08 CR 217-1</u>
Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed
		Name and address of employer: _____
		IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____
		How much did you earn per month? \$ _____
OTHER INCOME		If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
		IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____
		Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED \$ <u>800</u> SOURCES <u>child support</u>
CASH		Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____
	PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		IF YES, GIVE THE VALUE AND \$ DESCRIBE IT
	VALUE	DESCRIPTION

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them	
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> SEPARATED OR DIVORCED	<u>3</u>		
		APARTMENT OR HOME:	Credito	Total Debt	any paymt.
		<u>electric</u>		\$ <u>600</u>	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

3/14/2008SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)Karen McVickers Dewitt